



# Kansas Department of Health and Environment

## Adult Care Home Program

# FACT SHEET

Volume 20, Number 1

[www.kdhe.state.ks.us/bhfr](http://www.kdhe.state.ks.us/bhfr)

January 1999

### ***In this issue....***

***T ACH Semi-Annual Report***

***T HCFA Rescission***

***T Message from  
Secretary Mitchell***

***T Discharge Tracking and  
Medicare Assessments***

***T Preadmission Screening***

***T Credentialing Update***

***T Thickened Liquids***

PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

The Adult Care Home Program *Fact Sheet* is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning the nursing facility industry.

### **Adult Care Home Semi-Annual Report**

Enclosed with this *Fact Sheet* is the ACH Semi-Annual Report for the reporting period of July 1 through December 31, 1998. All nursing facilities, assisted living facilities, residential health care facilities, nursing facilities for mental health and intermediate care facilities for the mentally retarded are required to complete this report. Also enclosed is the Adult Care Home Resident Statistic Report. Instruction sheets on how to fill out these reports are also included. The deadline for filing both of these reports is January 15, 1999. Please contact Patricia Maben, Director, Adult Care Home Program, (785) 296-1246, if you have any questions about these reports.

### **HCFA Rescission**

The Health Care Financing Administration has rescinded its approval for Kansas to utilize the amended long term care survey protocols in use since January, 1996. Accordingly, all long term care surveys conducted after January 1, 1999 will follow HCFA prescribed survey protocols. Significant areas affected include an increase in the sample size by 25 percent, increased observation of medication administration, and conducting closed record reviews. Other changes in survey protocols resulting from the HCFA Initiative on Nursing Home Survey Reform have not been received.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

Bill Graves, Governor  
Gary R. Mitchell, Secretary  
Bureau of Health Facility Regulation  
900 SW Jackson, Suite 1001  
Landon State Office Building  
Topeka, Kansas 66612-1220  
(785) 296-1240

**N From Gary R. Mitchell, Secretary, KDHE**

I wanted to take this opportunity to provide an update on initiatives I have implemented in the past year. As some of you know, I have conducted a series of quarterly Nursing Home Summits with a cross-section of administrators from around the state, representatives of the industry organizations, advocates, the Ombudsman, Department on Aging, SRS and legislators. These efforts are designed to help us all “brainstorm” ideas to improve the care of our Kansas nursing home residents and work on challenges we can solve together. Results have included changes in KDHE’s policy on press releases following survey deficiencies. KDHE will also now issue a certificate of achievement (suitable for framing) to each facility that receives zero deficiencies on a regular survey.

Other efforts are being made to improve working relationships between KDHE and nursing facility staff. One way to accomplish this is joint training on topics of concern. KDHE is establishing a steering committee to identify topics and has asked the nursing industry to nominate members to the steering committee.

One of my goals as secretary and Governor Graves’ goal is to improve the customer service of state agencies. For more than a year the post-survey questionnaire has been sent directly from my office, and is returned to my office. Results from the first year indicated that more than 90% of respondents thought surveys and exit interviews were conducted in a courteous and professional manner, and that if differences arose during the survey, they were resolved or attempts were made to reach resolution prior to the surveyors’ departure.

However, I have heard from a few administrators who have had concerns about the privacy of the information and fear of retribution. Let me be clear: No one but me and my assistant see these questionnaires. I cannot address customer service concerns unless you provide complete and honest information and return the questionnaire. And as you know, I welcome your input. Please feel free to give me a phone call (785-296-0461) or make an appointment to see me in Topeka. My door is always open.

**Discharge Tracking and Medicare Assessments**

Staff at Myers and Stauffer have identified many facilities that are not transmitting a discharge record for residents in Medicare units whose stay is less than 14 days. According to their records there are a large number of Medicare five day assessments in the system which do not have any additional assessments or a discharge record indicating the resident is no longer in the facility.

The Federal Resident Assessment Instrument rule requires that a Discharge Tracking form must be completed whenever one of the following is true:

- resident is admitted to a hospital or other care facility.
- resident is admitted to a hospital or other care facility for over 24 hours; or
- resident is discharged from the facility.

Facilities should review their resident records to ensure that every resident admitted to the facility and subsequently discharged has a discharge record completed and submitted to Myers and Stauffer. There are still a few facilities which have incomplete records for residents in the facility during 1997. It is very important that facilities ensure that the appropriate records have been submitted to the Federal data depository at Myers and Stauffer.

**Preadmission Screening**

All Medicaid certified facilities are required to have evidence of preadmission screening for mental illness and developmental disabilities for all residents on admission. The only exception to the requirement are residents admitted for 30 days or fewer for rehabilitation. This requirement is found at 42 CFR 483.20(f). Kansas statutes require that all residents regardless of payment source must be prescreened prior to admission to a nursing facility licensed as an adult care home.

There is an exception for 30 day admissions. This requirement is found in KSA 39-968.

It has been reported by the Kansas Department on Aging that a significant number of nursing facilities licensed as adult care homes are failing to ensure that residents are prescreened prior to admission or when residents stay longer than the 30 day period certified by a physician. Staff with questions related to the preadmission screening program in Kansas should contact their local Area Agency on Aging.

## **KDHE Will No Longer Provide PPD Solution to Nursing Homes**

For a number of years the Kansas Department of Health and Environment has provided tuberculin skin test solution (PPD) free of charge to hospitals and long term care facilities. Effective January 1, 1999 these facilities will be responsible for procuring their own PPD product. This change in policy reflects the need to prioritize ever-shrinking resources. The need at this time is to provide access to diagnosis of tuberculosis and treatment of groups at the highest risk.

## **Health Occupations Credentialing Section**

Activities for the first quarter include the issuing of 184 interstate aide applications, approval of reciprocity for 124 aides moving out of state, six equivalency applications, and approval of 23 CNA instructors, 178 CNA courses, 18 CMA instructors, 43 CMA courses, 16 sponsorships for aide courses, and nearly 10,000 inquiries on the Kansas Nurse Aide Registry. In addition, the application for the credentialing of Art Therapists has been completed and a determination filed by the Secretary. This information is forwarded to the leadership of the House and Senate of the state legislature.

“Preceptor Guidelines” have been prepared by Health Occupations Credentialing staff in cooperation with a committee of adult care home administrators. The guidelines are available from HOC and are designed to describe the duties, responsibilities and personal and professional rewards in serving as a preceptor to administrators-in-training.

## **CRIMINAL BACKGROUND CHECK PROGRAM OVERVIEW**

### **History:**

- On July 1, 1998, compliance with KSA 39-970 and KSA 65-5117 became mandatory. Both statutes require criminal background checks on all employees of adult care homes and home health agencies. (There are certain exemptions listed in the law.) Depending on the offense, convictions of certain offenses will bar individuals from employment permanently, or for five years following completion of all sentencing requirements. It is the responsibility of the Criminal Background Checks (CBC) program to assist the affected parties in the compliance with these laws. The number of criminal background request forms received increased over the next few months until by the July 1 deadline, nearly 800 requests were received each day. Still, by the end of July, the first month of mandatory compliance, 19 percent of home health agencies and 47 percent of adult care homes had complied. The compliance percentages have risen to 91 percent for adult care homes and 79 percent for home health agencies as of December 15, 1998.

### **Results:**

- Rate of matched records (any arrest or conviction on record with the KBI) is 11 percent.
- Number of persons who have had one or more prohibited convictions of those matched records is 61 (as of December 18, 1998).
- Average number of requests received by KDHE CBC program daily is 135.

### **Processing Update - NCR - Option Available:**

- No Carbon Required (NCR) request forms have been designed and will be made available after January 1, 1999. These forms are designed for two purposes: 1) allow employers to prepay for a number of forms (forms are in pads of 50 @ \$7.50 per sheet, or a total of \$375.00); 2) provide copy of the form as it was submitted. For your convenience and accounting, preprinted sequential numbering has been added in the upper right corner.

**Question:** Do we have to pre-pay or pre-purchase all our CBC forms now?

**Answer:** No! This option was developed in response to a suggestion from you, our customers. HOC will continue to receive and process forms and checks as we are currently. As a convenience measure, you may pre-purchase NCR forms in packages of 50.

**Question:** Can we purchase partial pads (less than 50)?

Answer: No. They are pre-numbered and shrink-wrapped in pads of 50.

Question: What if we make a mistake on the form?

Answer: Don't! Think of these as prepaid postage or purchase certificates. If they are lost, crumpled, or somehow defaced, they are null and void.

Question: Are the NCR forms pre-printed with our agency name, address, and license number?

Answer: No.

- 'Operators' for residential and assisted living facilities are subject to the background check and should be included in facility requests. The new forms have an option for listing job title where not otherwise listed -- list "operator."
- The target date for the nurse aide registry offering CBC information on aides will be on or about July 1, 1999. This will assist in employee screening. Employers should review current employment processes and consider including a pre-employment check of the registry for an existing prohibition.
- Notices of prohibition are sent to the administrator of the ACH or HHA which requested CBC on that particular individual. Prohibited convictions are derived from the crimes listed in the laws. There are two categories of prohibitions: five years and permanent. Five-year prohibition occurs for specific crimes which means the individual is barred from employment until five years have passed from the time all sentencing guidelines have been fulfilled. The permanent prohibition is, as it says, a permanent prohibition, regardless of how much time has elapsed. Notices are reviewed by a KDHE attorney prior to mailing.
- Appeal procedures for prohibition are not addressed by the law. A law change in 1996 has made it easier to obtain an expungement for certain offenses. In most cases, the cost is around \$20.00 and does not require representation by an attorney. When an Order of Expungement is received, it is reviewed by a member of the KDHE legal staff and a letter is issued acknowledging that the previously issued Notice of Employment Prohibition is null and void.

#### HEALTH OCCUPATIONS CREDENTIALING STAFF

Pat Dismukes retired earlier in the fall. Ms. Geri Stevens has been appointed to that Public Service Administrator II position. Ms. Stevens has a strong background in academic advisement, reviewing eligibility for various college-level programs and working with individuals on career goals. She assumes the duties at HOC as the administrator of the licensing programs for dietitians, adult care home administrators, speech-language pathology and audiology and will eventually supervise the processing of certification programs.

Heidi Collins has taken a position within the Kansas Department of Education. The position of Public Service Administrator I has been accepted by Ms. Dolores Staab. Many know Dolores from her excellent work as the specialist for the Kansas Nurse Aide Registry. Ms. Staab has a degree in business from Washburn University and is experienced in the review and processing of various components of the certification program. She assumes her duties in January 1999. Dolores will continue to work with the registry until that position is filled.

#### HOC MOVE

Health Occupations Credentialing has relocated. All phone numbers remain unchanged. A new fax number for a separate HOC fax machine has been added. Please do not use the previous fax number (we won't get it!). Our new address is: Health Occupations Credentialing, 900 SW Jackson, LSOB 1051 South, Topeka KS 66612-1290, Home page: [www.kdhe.state.ks.us/hoc](http://www.kdhe.state.ks.us/hoc), Fax number (785) 296-3075.

## Thickened Liquids

A 1995 study reported seven percent of residents in long term care received thickened liquids. While thickened liquids are widely used there is a lack of current standards. A diet task force composed of registered dietitians and other professionals will publish a national dysphagia diet later this year. [www.dysphagia-diet.com](http://www.dysphagia-diet.com)

Recently, the major manufacturers of commercial thickeners have accepted the following labels and viscosity ranges. Viscosity is measured in units called centipoise (cP). There is considerable range in each label to allow for variables such as time, pH, amount of soluble solids in solution which affect viscosity.

Thin	1-10 cP
Nectar-Like	70-125 cP
Honey-Like	450-550 cP
Spoon-Thick	2750 cP and greater

There is no requirement for facilities to use the new labels (terms) but there must be clear, specific instructions for staff to prepare thickened liquids as ordered. The following drawings can assist in observations of thickened liquids. Focus on the appearance of the liquid at the end of the spoon.

Nectar-Like

Honey-Like

Spoon-Like

**ANE ISSUE STATISTICS 9/1/98 to 11/30/98**  
**Complaint Calls Assigned for Investigation**

ANE Investigations

Total 414

Sept 163

Oct 139

Care Issues Investigated

Total 393

Sept 150

Oct 137

*Licensure Category	Civil Penalties				Correction Orders			
	1998 Quarters							
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
Inadequate or inappropriate hygiene and skin care	8	3	4		38	36	50	
Inadequate or unqualified staffing	10	16	14		35	36	33	
Inoperable or inaccessible call system	-	-	-		-	5	2	
Inappropriate or unauthorized use of restraints	-	1	1		6	8	7	
Unsafe medication administration or storage	1	-	-		10	6	12	
Inadequate nursing services other skin care	8	6	10		54	58	62	
Inadequate or inappropriate asepsis technique	-	-	-		6	3	2	
Inadequate or inappropriate dietary/nutritional services	-	-	-		3	6	9	
Unsafe storage or hazardous or toxic substances	-	-	-		1	1	1	
Failure to maintain equipment	2	-	-		7	4	9	
Resident right violations	6	1	-		25	33	32	
Unsafe high water temperature	-	-	-		-	3	2	
Inadequate hot water	1	-	-		-	1	2	
General sanitation and safety	2	-	1		14	17	9	
Other (including inappropriate admission)	6	1	1		18	7	15	
Inadequate rehabilitation services	-	-	-		-	-	6	
<b>Civil Penalties</b>	<b>30</b>	<b>27</b>	<b>28</b>					
<b>Correction Orders</b>					<b>110</b>	<b>98</b>	<b>109</b>	
<b>Bans on Admission</b>					<b>2</b>	<b>6</b>	<b>7</b>	
<b>Denials</b>					<b>0</b>	<b>3</b>	<b>1</b>	

\*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.